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GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
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JAMES W. HOLSINGER, JR., M.D.
SECRETARY

May 14, 2004

Hospital Provider Letter #A-205
Mental Hospital Provider Letter #A-81
Psychiatric Residential Treatment Facility Letter #A-122
ICF/MR/DD Provider Letter #A-337
Nursing Facility Letter #A-205

Direct Deposit Enrollment

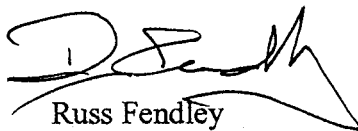
Dear Provider:

The Kentucky Department for Medicaid Services is proud to announce our new direct deposit system for Medicaid Provider payments. Direct deposit will guarantee the timely availability of funds and eliminate the possibility of lost payments, ensuring that providers receive payments faster and more efficiently.

Enclosed are the required form (MAP-811 Addendum E) and instructions for completion. You may also use this form at any time during the year to notify the Department of changes regarding the financial institution where your funds are to be deposited. This form is also available on line at www.kymmis.com.

Please complete this form and return it to us within sixty days. Direct deposit will begin in September of 2004. If you have any questions, please call Unisys Corporation at 877-838-5085. A provider enrollment specialist will be available to assist you between the hours of 8:00AM and 6:00PM, EST, Monday through Friday.

Sincerely,


Russ Fendley
Commissioner